BROWN COUNTY HLTH CARE CENTER

2900 ST ANTHONY DR

GREEN BAY	54311	Phone: (920) 391-4750		Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	84	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/04):	93	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	./04:	79	Average Daily Census:	75

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)						
Home Health Care	No	Primary Diagnosis	*	Age Groups	*	Less Than 1 Year	10.1	
Supp. Home Care-Personal Care	No					1 - 4 Years	34.2	
Supp. Home Care-Household Services	No	Developmental Disabilities	2.5	Under 65	22.8	More Than 4 Years	55.7	
Day Services	No	Mental Illness (Org./Psy)	50.6	65 - 74	27.8			
Respite Care	No	Mental Illness (Other)	39.2	75 - 84	31.6		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	13.9	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.8	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Residen		
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	77.2			
Transportation	No	Cerebrovascular	2.5			RNs	12.0	
Referral Service	No	Diabetes	0.0	Gender	8	LPNs	9.9	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	5.1	Male	48.1	Aides, & Orderlies	53.6	
Mentally Ill	Yes			Female	51.9			
Provide Day Programming for			100.0	İ				
Developmentally Disabled	No			İ	100.0	İ		
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Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other]	Private Pay	2		amily Care			anaged Care	<u>l</u>		
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	2.8	137	0	0.0	0	1	12.5	235	0	0.0	0	0	0.0	0	3	3.8
Skilled Care	0	0.0	0	63	88.7	117	0	0.0	0	7	87.5	225	0	0.0	0	0	0.0	0	70	88.6
Intermediate				6	8.5	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	7.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		71	100.0		0	0.0		8	100.0		0	0.0		0	0.0		79	100.0

Facility ID: 1710 County: Brown Page 2 BROWN COUNTY HLTH CARE CENTER

Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of $12/31/04$									
Deaths During Reporting Period	 			% Needing		Total					
ercent Admissions from:		Activities of	%		sistance of	% Totally	Number of				
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent	One	or Two Staff	Dependent	Residents				
Private Home/With Home Health	0.0	Bathing	0.0		45.6	54.4	79				
Other Nursing Homes	28.6	Dressing	16.5		43.0	40.5	79				
Acute Care Hospitals	28.6	Transferring	44.3		31.6	24.1	79				
Psych. HospMR/DD Facilities	38.1	Toilet Use	24.1		44.3	31.6	79				
Rehabilitation Hospitals	0.0	Eating	35.4		44.3	20.3	79				
Other Locations	0.0	******	******	*****	******	*******	*****				
otal Number of Admissions	21	Continence		8	Special Treatmer	nts	8				
ercent Discharges To:		Indwelling Or Extern	al Catheter	2.5	Receiving Resp	oiratory Care	0.0				
Private Home/No Home Health	14.3	Occ/Freq. Incontinen	t of Bladder	62.0	Receiving Trac	cheostomy Care	0.0				
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	46.8	Receiving Suct	ioning	1.3				
Other Nursing Homes	10.7	_			Receiving Osto	omy Care	0.0				
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	1.3				
Psych. HospMR/DD Facilities	7.1	Physically Restraine	d	12.7	Receiving Mech	nanically Altered Diets	53.2				
Rehabilitation Hospitals	0.0					-					
Other Locations	10.7	Skin Care			Other Resident C	Characteristics					
Deaths	57.1	With Pressure Sores		3.8	Have Advance I	Directives	73.4				
otal Number of Discharges		With Rashes		3.8	Medications						
(Including Deaths)	28				Receiving Psyc	choactive Drugs	65.8				

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities *******************************

	This	Other	Hospital-	P	11
	Facility Based Facilities		acilities	Faci	lties
	8	8	Ratio	왕	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80.6	91.7	0.88	88.8	0.91
Current Residents from In-County	93.7	85.3	1.10	77.4	1.21
Admissions from In-County, Still Residing	38.1	14.1	2.71	19.4	1.96
Admissions/Average Daily Census	28.0	213.7	0.13	146.5	0.19
Discharges/Average Daily Census	37.3	214.9	0.17	148.0	0.25
Discharges To Private Residence/Average Daily Census	5.3	119.8	0.04	66.9	0.08
Residents Receiving Skilled Care	92.4	96.2	0.96	89.9	1.03
Residents Aged 65 and Older	77.2	90.7	0.85	87.9	0.88
Title 19 (Medicaid) Funded Residents	89.9	66.8	1.35	66.1	1.36
Private Pay Funded Residents	10.1	22.6	0.45	20.6	0.49
Developmentally Disabled Residents	2.5	1.4	1.85	6.0	0.42
Mentally Ill Residents	89.9	32.7	2.75	33.6	2.67
General Medical Service Residents	5.1	22.0	0.23	21.1	0.24
Impaired ADL (Mean)*	55.4	49.1	1.13	49.4	1.12
Psychological Problems	65.8	53.5	1.23	57.7	1.14
Nursing Care Required (Mean)*	7.9	7.4	1.07	7.4	1.06